



BUILDING INFORMATION FORM

for Tenant Layouts and New Commercial Structures

Building Plan Review Division, Office of Building Code Services

Fire Prevention Division, Fire & Rescue Department

Project Name: _____

Street Address: _____ Suite _____

Submitting Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Expeditor's name: _____

Email address (optional): _____

RESPONSIBLE PARTY (Designated to pay all bills per Code of Fairfax County, Chapter 61, Section 61-1-5)

Billing Name: _____ Account Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Contact Person: _____

BUILDING INFORMATION

Use Group(s) of Building (per BOCA): _____ Type of Construction (per BOCA): _____

Number of Stories in Building: _____ Code Year Building Designed Under: VUSBC 19 _____

High-Rise Building: ☐ Yes ☐ No Gross Floor Area Per Floor (SF): _____

Fire Control Room: ☐ Yes ☐ No

TENANT INFORMATION (if applicable)

Purpose of Space: _____ Floor No. _____

Scope of Tenant Work: _____

Use Group(s) of Tenant (per BOCA): _____ Area of Tenant Space (SF): _____

Tenants Per Floor: ☐ Single ☐ Multiple

Hazardous Materials: ☐ Combustible Liquid ☐ Flammable Liquid ☐ Other: _____

FIRE PROTECTION SYSTEMS

Sprinklers: ☐ Yes ☐ No if yes, ☐ Fully ☐ Partial

Monitored by Approved Central Station: ☐ Yes ☐ No if yes, Name: _____

Fire Alarm System: ☐ Yes ☐ No if yes, Type: _____

Standpipes: ☐ Yes ☐ No if yes, note location on plans.

FIRE RESISTANCE DESIGN (if applicable, insert UL Design Number or similar)

Floor/Ceiling: _____ Roof/Ceiling: _____

Corridor Separation: _____ Tenant Separation Walls: _____

Columns: _____ Beams: _____